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22002	1.	FOR STATE REGISTRAR	D	EPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE REG. NO.	3 2 0	1 8 7
23093	TTYPE	CEASED NAME FIRST MARGA	RET WADE		MPTON	20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR
poge 3	3. SE		A RACE	5. DATE C		NOV 3, 1986	IF UNDER I YEAR	1:25A
ctor,	3. 30	Female	Caucasian		27, DAY 1911	75 YR:	MONTHS DAYS	HOURS MIN.
death. Pag		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COL	UNTRY? 8 MARRIE WIDOWE	NEVER MARRIED DIVORCED	P BALTIMORE CITY OR COUN	ITY OF DEATH	MD.
ofter d		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, PROSINGLE, GENERAL PROSICIANS	NURSING HOME OF STREET ADDRESS)  B Memoria	al Hosp.	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING Home Maker		DF BUSINESS OR
filled in be fille	13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY Characters)	ROTHER INSTITUTION, GIVE RESIDEN NTY 13c. CITY (	OR TODACCI		13. STREET ADDRESS / ZIP CO	nt Road	/20677
A Service of A ser	14 F.	George	A. Wad	LAST E	15. MOTHER'S MAIDENNA Hesttie		Selby LAS	5T
medical e		WAS DECEASED EVER IN U.S. AR	VE WAR OR DATES	34-2195	Calvin L.	Compton, Sr.	-Same	aa #13.
requires that the death en signed by the attendi . Then please remove ca ar ta burial, crematian, a	TION	maln	whilian.	NSEQUENCE OF NAY HE ING TO DEATH BUT	ONT DISCASS	failure and Hyperkm	GIVEN IN PART TO	24 3 2
The law ian.	CERTIFICATION	190. DATE OF OPERATION	196, CONDITION FOR	WHICH OPERATIO		YES NO NO	YES, WERE FINDIN RTIFYING CAUSES YES	
ding physicic certificate burial-transit Mental Hygie		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	Take to
attending ter this is the bu h and Mo	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY		21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
retained by the hospital or at leave and the hospital of the FCTOR. Afti should be detached for use a with the State Dept. of Health MAPORTANT: If hem 21 is mon		22a.1 certify that (1) (this hasp	all view the body after deat  all  DR PRINT)	h. 19_ <b>86</b> , or	DEGREE  ATTENDING PHYSICIAN  220 ADDRESS	death occurred on the date and  MEDICAL STAFF DIRECTOR PHYSICIAN  asional Bldg,	22c. DATE	3, 1980
PP	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	11/6/86		est Cemeter	y Laffata,	Charles	, Marte
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director	P.	D. Box	156 1 20601 NO	TE REC'D. BY REGISTRAR 2515 REG	Desidera	lindus

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	1.	FOR STATE	DEP		ALTH AND MENTAL	HYGIENE	
025825 0		REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO.	
1 71	LOS	AME WING	e Spearl	} Du	e hring	20. DATE OF DEATH MONTH	27, 1986 1152 M
S offer po	3. SE)	Female.	RACE Shearing	S. DATE O	F BIRTH  DAY  YEAR  O'T	6 AGE HIN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
n 72 hours	70 BI	STHPLACE (STATE OR FOREIGN DUNTRY) CONTROL	OSA	MARRIED WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OR COL	UNTY OF DEATH
s ofter do y the fur diled within	10 01	a Plata.	11. NAME OF HOSPITAL, N	URSING HOME O		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK  TUBERNI	12b. KIND OF BUSINESS OR INDUSTRY
24 hours	130. E	TATE 113h GOUN	OTHER INSTITUTION GIVE RESIDENCE TY 134 CITY OR Wes. hall	BEFORE ADMISSION)	136 INSIDE CITY LIMIT YES NO 🟋	S? 130 STREET ADDRESS / ZIP	
MARYL ompletely of \$2.5	14. FA	THER'S NAME Thomas Pel	MIDDLE She	Pavin	15. MOTHER'S MAIDEN	Ellen.	Bobbile
TIMORE, be exacted for and an			war or dates) 2 1527-1	10-5148B	daughter	: Nancy D. Hung	
ST., BAL		18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED IMMEDIAT	y ane cause per line for (o), ( O BY. E CAUSE (o)	b), and (c).)	le and	raic arrent.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 BALG FIFFSICIAN (The inw requires that the enable of exactured within 24 hours "enterded polyscent" in the confidence of		Canditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONS  (b) DUE TO, OR AS A CONS  (c) CONS	tashed	inear &	Somood	3 men Phz Co years.
RDS, 20 equires 1 Then ple r to burie	NOI	PART 2 OTHER SIGNIFICANT C	Onditions <u>Contributing</u>	G TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	N GIVEN IN PART 11a
AL RECO	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
I OF VII.	100	2 to ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITE	EM 18 PART 1 OR PART 2)
NVISION NG PHYS Her thus a the but h and Mi	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	FFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTOR. A for use of Health		220. I certify that (I) (this hospit sow the deceased alive on, above, (I) we) (did) (did-not			d that in (my) (our) opi	nian death occurred on the date on	d hour and from the causes stated
AL OR A MAL		276. SIGNATURE	vddy.	MO		NG MEDICAL STAFF	22c. DATE SIGNED X NV 28, 1986
O HOSPIT Named by O FUNER Hould be MPORTAN		ARTHUR (	D. WOOD	DY. MO	La l	Mara. Md. 7	206K
BP		URIAL, CREMATION, REMOVAL SPECIFY)	236. DATE 12/1/86		Hill Cem	etery Suitlan	nd, Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)		NAME Cehart Funera	1 Home, Inc.	La Pla	ata, Md.	DECT. BY RE1986 R 25 YE	MISTR/PERSISHATIVE ACC

DESTRUCTION FRONTS DUCKNING HOW KING INST Charles North Carelina USA Re+3 184 148 ld Mito 7) 100 - BPS 300 5 30 Thomas Porte Shearn Kosa Ellen Stobbile 377-18 Stirt & Harry D. Harry T. Harry T. Styne Terres 3.5000 Inversemble Budger arrest 2 Makasha dawan to the line - Town the ademorare of the Sognesof 2472142 -11 12 20-80 Nordsoll ARTHUR GILLOCOON HO LO MADE HE SCHELL boslydsk , bostslud de de la descripción de descripción Arehert Jungral Heme. Inc. La Place. Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH 2b HOUR Drury Ellis 3, 1986 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR MAY 12, 1908 YEAR WHITE 78 9. BALTIMORE CITY OR COUNTY OF DEATH

FEMALE TO BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY?

4 RACE

U.S.A.

MARRIED NEVER MARRIED WIDOWED X DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

12a. USUAL OCCUPATION

(TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKER 13e.STREET ADDRESS / ZIP CODE

12b. KIND OF BUSINESS OR OWN HOME 20646

MD.

LaPlata, Md.

MARYLAND

10 CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY CHARLES

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:

13c. CITY OR TOWN LA PLATA LAST

IMMEDIATE CAUSE 10) CAKDIO - RESPIRATORY

Physicians Memorial Hospital

13d INSIDE CITY LIMITS? NOF 15. MOTHER'S MAIDEN NAME

707 ANNE ARUNDEL AVE.

Charles

4 FATHER'S NAME JAMES

13a STATE

- STATE

SEX

DRURY 16b SOCIAL SECURITY NO

RHODA 17 INFORMANT

ADDRESS

MORAN

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES. NO OR UNKNOWN) NO

Helen

213-01-1692 BARBARA DEDMAN

SAME AS #13

Conditions, if ony, which gove rise to immediate couse (o), stoting

DUE TO, OR AS A CONSEQUENCE OF RESPIRATORY DISTRESS DUE TO, OR AS A CONSEQUENCE OF

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID FAILYKE

19h CONDITION FOR WHICH OPERATION WAS PERFORMED TRACHEOSTOMY

20n AUTOPSY? NOX

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

CERTIFICATION 710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

71e PLACE OF INJURY

21c. HOW INJURY OCCURRED

(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

AT HOME STREET, FACTORY, OFFICE, FARM ETC ) NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased fram.

211 LOCATION

saw the deceased alive an\_ abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATUR

DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

22c DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE PRINT)

23a BURIAL, CREMATION, REMOVAL

Vidya Sagar, M.D. 23b DATE

LaPlata, Md 23c NAME OF CEMETERY OR CREMATORY

BURIAL 24 FUNERAL DIRECTOR

(SPECIFY)

11-7-86 SACRED HEART

LA PLATA CHARLES MARYLAND 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

AREHART FUNERAL HOME, INC. LA PLATA, MD.

(VRA 15, 4)

BP.

DHMH - 16 60M 7/B4

ELECTION DESCRIPTION OF THE TANK OF THE TA

NA PROPERTY OF THESE DARBARA DEDMAN SAME AS THE

BURIAS SEPTEMBERS SIGNED ISSAUL IN PLATA CHARLES MARKEN

AREKART FUNERAL HOME, INC. DA PLATA, MD.

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may be page 3			ARIE		BECCA	F	ARRE	LL	Novembe		1986	26 HOUR 9:25AN
ge 4 may ector. pag urs after de	3 SE	Female		Cauca:	sian		DATE OF E	16, 19 11	6 AGE (IN YEARS LAST E	YRS	# UNDER TYEAR MONTHS DAYS	IF UNDER 24 HRS
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by the filed with a filed with	W	aldorf		(Resi	dence	STREET ADD	3° E1	1 St.	12a USUAL OCCUPA (TYPE OF WORK FOR MOST BOOK BI	OF WORKING L	LIFE) INDUSTRY	ishing
AND 21:	13a S	aryland	Ches	ITY	13t CITY OF	NWOTS	113	d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			601
marylined within	0	tis Char		MIDDLE U111			rell	MOTHER'S MAIDEN NA	e May	Crye		
TIMORE xecu		VAS DECEASED EVER IN YES, NO GRUNKNOWN)		MED FORCES? E WAR OR DATES)	166. SOCIAL 578-			Charles	- Benton		ghesvi	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21 ING PHYSICIAN. The low requires that the deat retricule to secured within 24 has determined physician.  When this certificate has been signed by the offend of protein and completely filled it as the buriol-transit permit. Then please remove certificate the 2 shadld by the and Mental Hygiene prior to buriol, crematify, greatment and a shadle sh		Conditions, if ony, or gove rise to imme couse (a), stating underlying couse	which diote the lost.	DUE TO, O  (b)  DUE TO, O  (c)	R AS A CON:	SEQUENC	E OF	OT RELATED TO THE TERM	MINAL DISEASE OR CO	NDITION G		<b>20557.</b>
he low requir on. has been sig t permit Then tree prior to b ows ony injury	CERTIFICATION	19a DATE OF OPERATION			-			WAS PERFORMED	200 AŬTÔPSY? YES NO	20b. IF YE	ES, WERE FINDIN IFYING CAUSES (ES []	NGS USED
ON OF VITA  TYSICIAN: T ding physici sis certificote buriol-tronsi Mentol Hygi or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE	USE OF DEA	P. 21e PLACE	M. MONTH M. OF INJURY		YEAR 19	It. HOW INJURY OCCUR				
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TO HOSPITAL OR ATTER- retained by the haspital TO FUNERAL DIRECTOR should be detached for u- with the State Dept. of H MPORTANT: if them 21 ii		sow the deceosed obove, (I) (we) (dic 22b. SIGNATURE 22d. PHYSICIAN'S Frank	AE (TIP)	wy		.198	DEC	hot in (my) (our) opinion  GREE  ATTENDING PHYSICIAN  Re ADDRESS  9401 Indi	MEDICAL ST.  DIRECTOR PHYS	AFF ICIAN 🗌	11/2 t. Was	4/86 h., Md.
BP		SURIAL, CREMATION, RE SPECIFY) Buria		23b DATE 11/2	8/86	Ros	elan	d Cemeter			.Umber	
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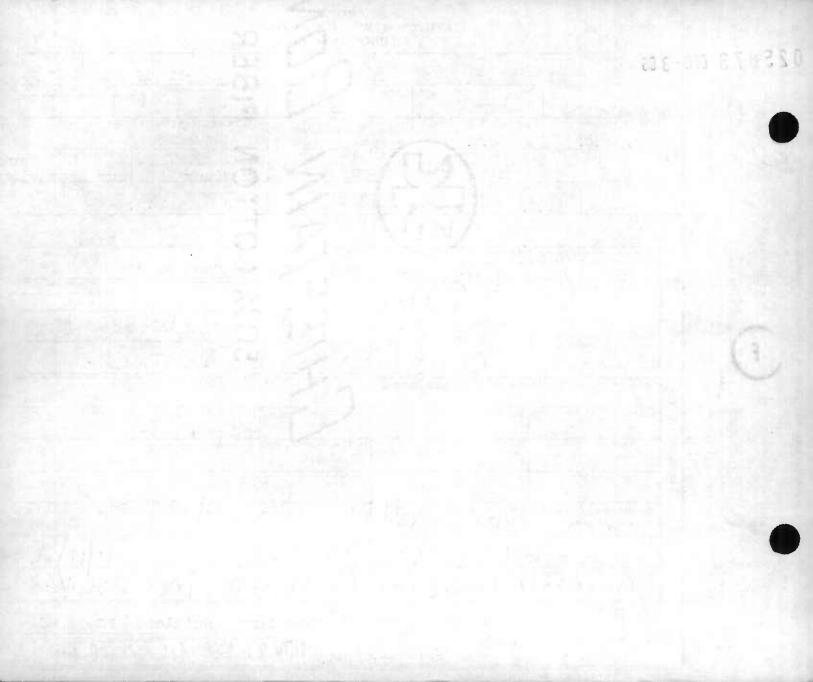
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	nay be page 3 or death	LH.		CEASED NAME OR PRINT)	PIRST NA	CECE	MIDDLE	GARD	INER		NOVE	MBER "		986	26 HOUR 4:30A <sub>M</sub>	1
	office.	10	3. SE	Female		4. RACE Cauca	asian	F PD		19 12	6 AGE (IN YEAR		MON	INDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	-
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201	by the fu	notified (	H	ity or town of DEA.	<b>e</b>	(Resid	HOSPITAL, NUR ICH FACILITY, GIVE STR IENCE	RE-5	Box-		120 USUAL OC	CUPATION OR MOST OF WORK Tary	(ING LIFE)	126. KIND O	Elect C	Co
BALTIMORE, MARYLAND 2120	n 24 hour	271	13a.	aryland	Char Char	11A	13c. CITY OR TO	WN.	YES 🗌		13 STREET AD	BOX-	154	/	20637	
MARYL	ompletely	Som Control	)		Arth		Cox			rs maiden na Anna		elia		udd <sup>LAS</sup>	ī	
TIMORE	be execu on and c	medicol		VAS DECEASED EVER I YES, NO OR UNKNOWN)		MED FORCES?	213-01		Don	ald G.	Gardi	ADDRESS		orf,	Md 206	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	law requires that the death is been signed by the attending the please remove con epirior to burior, cremation, cremation,	is any injury, or other troumotic	CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse  PART 2. OTHER SIGN  19a. DATE OF OPERAT	ediate the lost.	DUE TO, C	OR AS A CONSEC	DUENCE OF			0	SY? 20b.	IF YES, W	ERE FINDIN		=
SION OF VITAL	PHYSICIAN: The ending physicion this certificate he buriol-transit pur Amental Hygien	or Item	MEDICAL CERTI	210. ACCIDENT WAS UNDER OR CONTRIBUTING C. C. (IF EITHER, NOTIFY MEDIC.) 21d. INJURY OCCURRI	AUSE OF DEA	21e. PLACE	OF INJURY  A.M. MONTH  P.M.  OF INJURY  TREET, FACTORY, OFFIC	19	21t. HOW I	NJURY OCCUR	RED (ENTERNATU	RE OF INJURY IN ITE	YES [		NO	-
DIV	ATTENDING to off tectors. After sed for use as the off tectors of the off tectors.	em 21 is marked	,	while NOT WHI AT WORK NOT WHI 22a. I certify the discossing the decease obove (1)(we) (di	this hospi			86,0	nd that in fix			on the date on	, 19_ d hour on	d from the		
	TO HOSPITAL OR A retained by the has TO FUNERAL DIRES should be detached with the State Dept.	PORTANT: IF H		22d PHYSICIAN'S NA Henry L			Suche MD.		22e ADDRE	ATTENDING PHYSICIAN (L) SS Box 59				1	1-86	
	BP		23a l	BURIAL, CREMATION, F (SPECIFY) Buria		23b. DATE 11/4,	/86 5	it. Ma	ry's			ung onu			s, Mä.	=
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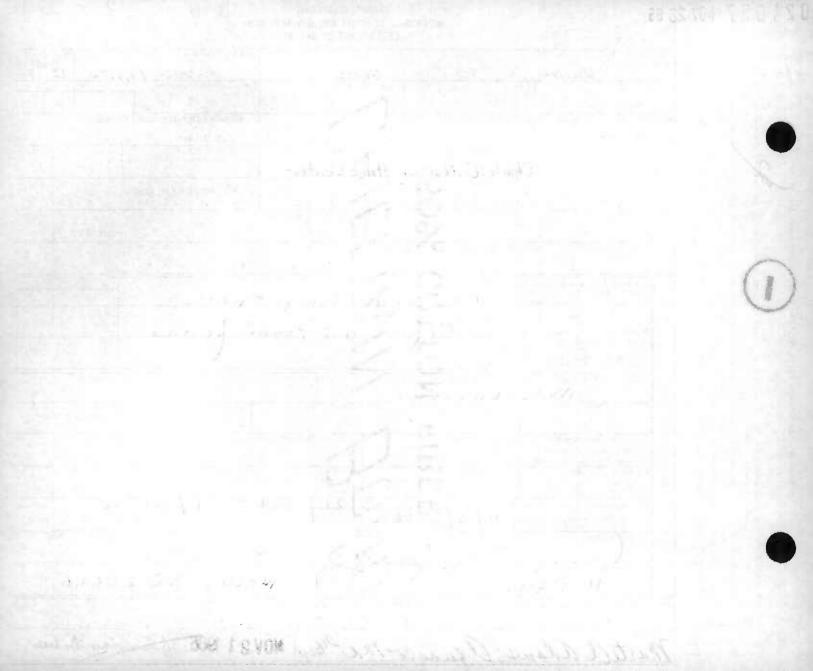
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		REGISTRAR			CERTIFICATE OF DEA		REG. NO.		
m 5		CEASED NAME FIRST		WIDDLE	LAST	20	O. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
page 3		MARGA	ARET FF	RERE GA	RDINER		1 Lev- 19	1986	J 35 %
fter p	3. SE.		4. RACE		5. DATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
urs o		FEMALE	WHIT		OCT. 28,19		80 YRS		
Po Po		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIED NEVER MA	ARRIED 9	BALTIMORE CITY OR COUNT		
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a plica	130.	STATE 13b CO	HARLES	FAULKN	N 134 INSIDE CITY	Y LIMITS? 13	P.O.BOX 127	206	32
X PA	14. F	THER'S NAME			15. MOTHER'S M	MAIDEN NAME			
	W	ILLIAM	J.	FRERE	Josi	EPHINE	WIDDIE	PHIL	LIPS
d co		VAS DECEASED EVER IN U.S.		16b. SOCIAL SECU	RITY NO. 17. INFORMANT	IT	ADDRESS		
Pogo	,	YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	577-71-	0512 HUGH (	C. GAR	DINER, JR. S	AME AS	#13
9 4 e		18 CAUSE OF DEATH (Enter	anly ane cause per	line for (a), (b), and		- 1			IMATE INTERVAL ONSET AND DEATH
ven ven		PART I. DEATH WAS CAU	SED BY:  IATE CAUSE (a)	Ress	matan 1	1-all	ul	1 3 3 3	
offic of the		(MATE)	DUE TO: O	R ARTHONSEQUE	NCEOE 3		~ A		
DC W		Canditians, if ony, which	( :b)	Como	estine 1	leant	Failme		
em tro		gave rise to immediate cause (a), stating the	DUE TO: O	AS A CONSER	NCEOF 1	11	1.0		
lease remain rol, crement or other traus	-	underlying cause last.	( 60	ath	nosilustu	14	eart Sume		
		PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO	DEATH BUT NOT RELATED TO	O THE TERMIN	AL DISEASE OR CONDITION GI	VEN IN PART 1	a
r to bu	ON O	Brashy	emente	, a	ntu St	mures			
prior ony	CERTIFICATION	190 DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATION WAS PERFORA	MED	200 AUTOPSY? 20b. IF YE	S, WERE FIND I	NGS USED
sit per	RTIF						YES NO Y	ES 🗌	№ □
H To		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF			AY YEAR 21c HOW INJU	URY OCCURRED	(ENTER NATURE OF INJURY IN ITEM IB	PART I OR PART 2}	
riol- ento	CAL	(IF EITHER, NOTIFY MEDICAL EXAMI	NER) P.		19			10.00	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC ) 211 LOCATION STREET	1	CITY OR TOWN	COUNTY	STATE
After to e as the pith and morked		220.1 certify that (1) this ho	enital) attended th	e deceased from		10	10 11-19	10 56	that (1) we) lost
f He is		sow the deceased alive obave (1) (we) (did) did	an 11-1	9 19	86, and that in (ny) or	our) opinian dec	th accurred on the date and ha		
pt. o		obave (1) (we) (did) did	nat) view the bady	after death.	DEGREE		-	22c. DATE	
detoched ore Dept	-	1	Lam 7	B. 1.	A A A ATT	TENDING	MEDICAL STAFF	11-	-19-86
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STATE OF MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME Benjamin Green 20 DATE KNOWN DAY 2b. HOUR MONTH (TYPE OR PRINT) OF ESTI-Russell 19 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d. HOUR SEX DATE LAST BIRTHDAY) PRONOUNCED DEAD 0 4 Su YRS BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Charles US Marvland DIVORCED Y OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Physicians Memorial Hosp. La Plata Truck Driver Construct. UAL RESIDENCE LIE IN NURSING JOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONA 8006 Allentown Rd./20736 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Pr. George Maryland Ft. Wash. NO X & FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Burkhard Helen Robert Μ. A. Green 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS S, NO, OR UNKNOWN) 214-82-6107 Tamayra M. Green same as no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) W. PRESTON ST. PART, I DEATH WAS CAUSED BY a stantan an IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) SHOULD BE USED AS A EPARTMENT OF HEALTH CERTIFICATION ATHIS CE. ORWARDED TO Th. P. PAGE 35HOULD BE. TEPRATIMENT OF h. TEPRATIMENT OF N. TEPRATION OF 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] NO A 210 EXTERNAL CAUSE WAS 216 TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH P.M. 1 19 01 218 PLACE OF INJURY (AT HOME. 211 LOCATION 214 INJURY OCCURRED AT WORK NOT WHILE STREET, EACTORY, FARM, ETC.) STATE COUNTY PACE SHOULD BE FORWARDE TO FUNITAL DIRECTOR: PAGE ( AFTER DEATH, WITH THE STATE D AFTER DEATH, WITH THE STATE D 5416.64 220. I certify that I took charge of the remains described above, held an Autapsy and in my apinian Hamicide Undetermined manner death resulted fram Natural causes ACTUAL DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial 12-1-86 Trinity Memorial Waldorf Md. Chas. BP 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE P. O. Box 156 **DHMH - 17** Huntt Funeral Home RESS Waldorf. Md. 20601 (VR A15 ME (5)) 20M 4/82

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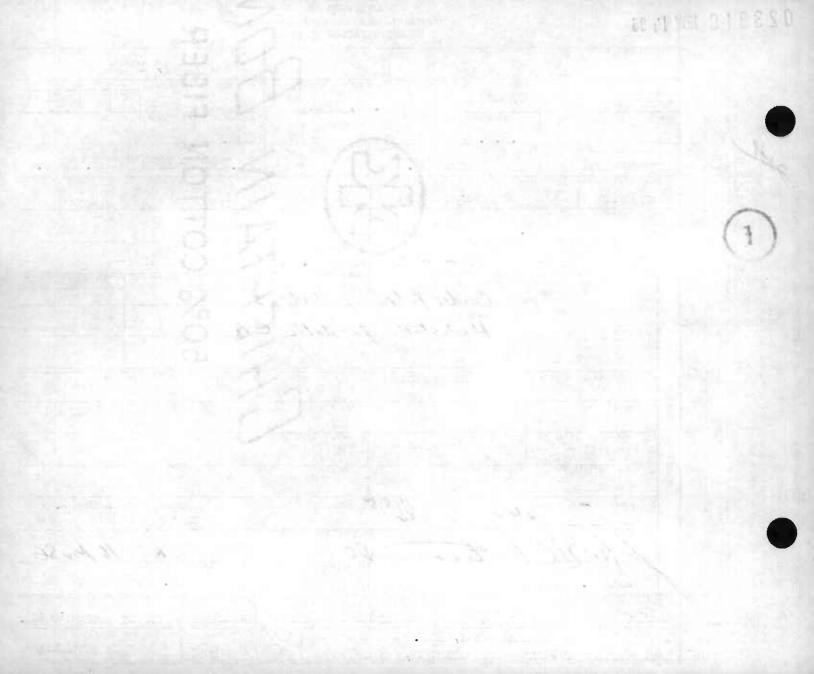
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR REG. NO. 20 DATE OF DEATH MONTH DECEASED NAME FIRST 2h HOUR (TYPE OR PRINT) November 9, 1986 HELGET ROBERT Dale & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH 3 SEX MONTH DAY YEAR Male Caucasian Jan. 8, 1922 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED WIDOWEDX Ohio U.S.A. Charles 10. CITY OR TOWN OF DEATH HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR Sec. Supervisor Fed. Govt. #8 Edgewood Rd. Bryans Road DUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
30. STATE 113MC CHANTY 134 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Bryans Road Maryland #8 Edgewood Road 20616 15 MOTHER'S MAIDEN NAM 4 FATHER'S NAME Headler Helget Tzetta Edwin ADDRESS. 166 SOCIAL SECURITY NO 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES 1943-1960 Mabel L. Binkley 268-14-6312 Same as 13 A-E APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [ 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 71d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN STATE AT HOME, STREET FACTORY OFFICE FARM ETC 1 NOT WHILE 220.1 certify that + (this haspital) attended the deceased from. saw the deceased alive an la Mes and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 224 DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Branch Medical Cente Naval Ordnance Sta. Indian Head Md John N. Christensen 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236, DATE Burial 11/12/86 Cedar Hill Cemetery Prince George's Md. Suitland 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. In Davidson Pandall

Old Alexander Ferry Road Clinton, Md 20735



23608-11046

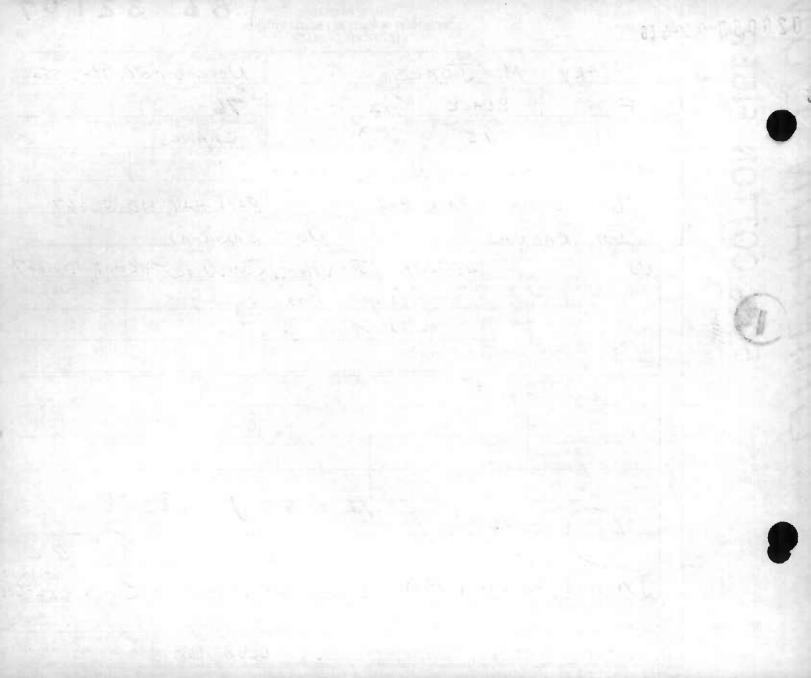
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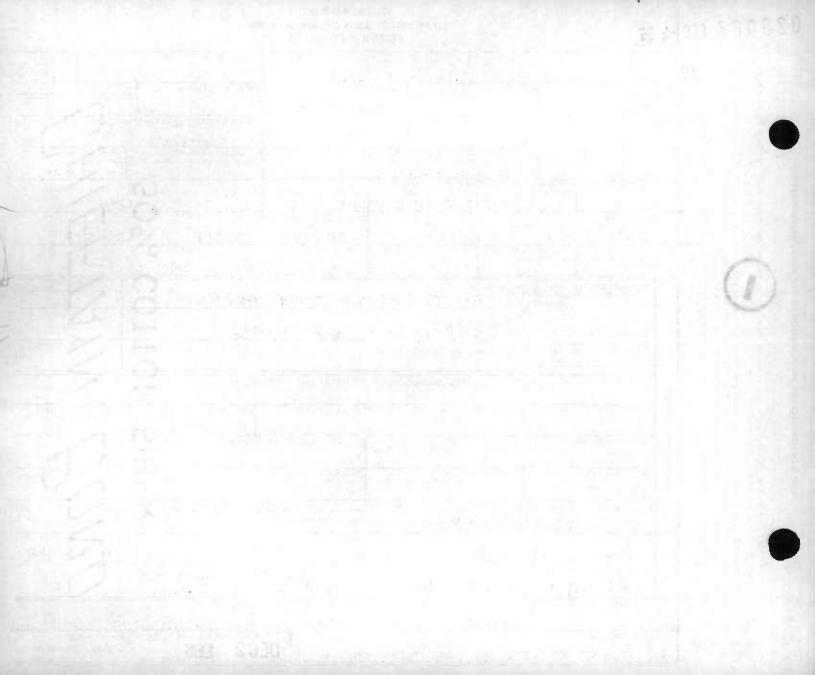
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1 1101	2/		FRANK		WIDDIE	VAI	GEUD	ER F	RANCES	S RC	AS LEN		PYL	
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000	3	(16.	NO	N/		578-5	50-63	39 WILL	JIAM G.	THO	MPSON,	NEW	BURG, MI	2066
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and for bee to permit, ene prio	2	CERTIFICATION	A DATE OF OPERAT	L	19 COND	ITION FOR W	VHICH OPER	TION WAS PERI	FORMED .	20a A	UTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES S	
CLAN, T g physic arrificate id-triens rial Hyg mm 18 sh	1		Ta. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTION MEDICAL CONTRIBUTION	AUSE OF DEA		M. MONTI		AR 19	INJURY OCCUR	RED (ENTE	R NATURE OF INJURY	IN ITEM 18	PART I OR PART 2)	
G PHYS otherdin er this c ond Me but and Me		w	MHILE NOT WH		21e. PLACE	OF INJURY	OFFICE FARM, ET	211 LOCA STRE			CITY OR TOW	И	COUNTY	STATE
A P O M			20.1 certify that (1)		tol) ottended th	deceosed	from	1111	. 19	, lo	11/30		19 , 1	hot (I) (we) lost
# P P P P P P P P P P P P P P P P P P P		- 1	sow the decease	d alive of	t) view the body	after death	19	ond that in (m	y) (our) opinion	death occu	rred on the dot	e and hou	ond from the c	ouses stated
Olific Ched Ched Dept.		1	THE SIGNATURE		1/			DEGREE	4775410440	worker			22c. DATE	IGNED
PITAL ( by the VERAL E be deto State L ANT. II	1	-	M S'NADIS NA	ME (TYPE C	R PRINT)	- 111	-	22e. ADDR		DIRECT	AL STAFF OR PHYSICI	AN 🗌	141	80
HOS gined pull the thibs			Arturo	Mont	eiro, M.	D.		La	Plata,	Md.	20646			
5 5 5 5 5 3	1	23a BU	RIAL, CREMATION,				23c. NAME	OF CEMETERY O		23d. LC	CATION			
BP		156	BURIA		12-05	5-86	CEDA	R HILL		SU	JITLANI		P.G.	MD.
DHMH 16 60M 7/8	84		BERAL DIRECTOR				20000			TE REC'D. E			RAR'S SIGNATU	
(VRA 16, 4)	-	AR	EHART FU	JNERA	AL HOME	E, INC	.,LA	PLATA, N	1D. 0	EC3	1986	Julia ,	Sunday . K	andas



	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	5 6 5 4 ! ! !
024012 NO	- STAYE F REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
2 TE	THE DEPOSIT FIRST Edw	in	Murphy	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 11 10 86 7:30 P
Jour And And	1 SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MRS
es of es	M	W	JAN 24 1899	87 YRS. MONTHS DAYS HOURS MIN.
4 30 85	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED KNEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
99	MARYLAND IN CATY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED DIVORCED DIVORCED	12a USUAL OCCUPATION 12b KIND OF BUSINESS OR
2 26	LaPlata	Physicians	Memorial	(TYPE OF WORK FOR MOST OF WORK ING LIFE) INDUSTRY
THE STATE OF THE S	13b COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE INTY 13c. CITY OR TOW		130. STREET ADDRESS / ZIP CODE V DR. 676
MARY omplete	CHARLES	J. MURPH	Y MARGAK	RET STEINACKER
IMORE	160 WAS DECEASED EVER IN U.S. A ESPINO OR UNKNOWN) (IF YES, G	RMED FORCES? 166. SOCIAL SECU IVE WAS OR DATES) 214-38-	1483 MARY ANN	MURPHY DARLEY DR
deoth anticonstraint of constraint of constraint of the constraint	PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUE	respiratory A	APPROMATE INTERVAL BETWEEN ONSET AND DEATH  APPROMATE INTERVAL BETWEEN ONSET AND DEATH  VASCULAN DISEASE
201 W. Pl ed by the please rem right, crem	couse (0), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUI		MINAL DISEASE OR CONDITION GIVEN IN PART 110
CORDS.	FRACTURE 190 DATE OF OPERATION	OF LIWITH	SUBLUXATION OF	200 AUTOPSY? 206 IF YES, WERE ROUNGS USED
AL ALE	<u>=</u>			YES NO
N OF VIII	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH D.	7 198 FALL AT	RED (ENTERNATURE OF INJURY AND INCOME.)
WISIO THU artend for the but when and worked or released or releas	21d. INJURY OCCURRED  WMILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	TARM. ETC) 211. LOCATION STREET DARLEY PI	2. LAPLATA GHANDES ML
TENDR John A TOR A Though	sow life defended blive o	oitol) ottended the deceosed from n Nov 9 19 19 ot) view the body ofter death.	RG., and that in (my) (our) opinion	death occurred on the date and how and from the causes stated
Sq board pg	The SCNATURE X	Lauleur	DEGREE  ATTENDING  ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN   11-10-86
HOSPITA Correct by Cold by da in the Stor	GUILERMO	GRANCHEZ M	22e ADDRESS	7. LA PLATA, MARYLAND
21 2413	230 BURIAL, CREMATION, REMOVA	1 23b DATE 23c.1	NAME OF CEMETERY OR CREMATORY	23d LOCATION COUNTY  BAISO  STATE
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	110/06/16	5311 250. DAI	TE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
(VRA 15, 4)	EDWARD J.	WEBER F. H.	EDMONDSON NU	1 3 1986 Aulia Devideon Randall

E STATE - 10 170 . possible and the latest term and the second of the second

085 DEC-	/1	FOR STATE REGISTRAR		DEPARTA	STATE OF I STATE OF HEALT CERTIFICAT		TAL HYGI	ENE 8 6	S	En '	1
	1 DE	CEASED NAME FIRS	RUTH	MIDDLE NIIT	WELL	E UP DEA	in .	REG 26. DATE OF DEATH	NO.	DAY YEAR	26 HOUR D
oy be			RUTH TE	MPLE "				11		986	4:44
A die A	3. SE	FEMALE	4. RACE WHIT	יני	5. DATE OF BIR	2, 19	YEAR	6. AGE (IN YEARS LAS		MONTHS DAYS	HOURS MIN
die die	7a. B	RTHPLACE (STATE OR FOREIG		WHAT COUNTRY?	8.			9 BALTIMORE CIT	YRS.		
16085	100	aryland	US		MARRIED WIDOWED X		CED 🗌	Charl			M
1162	100	A PLATA, MD	{ IF NOT IN SU	HOSPITAL, NURSINICH FACILITY, GIVE STREET A	ODRESS)		FIFT OF	170 USUAL OCCUP	ATION ST OF WORKING	LIFE) 126. KIND O INDUSTRY	F BUSINESS O
35	Ust 13a	AL RESIDENCE (IF NURSING HOST ATE 136 (		13c. CITY OR TOWN	V 13d.	NSIDE CITY L	IMITS?	13e.STREET ADDRES		186 /20	601
A X ST X	_	THER'S NAME				OTHER'S MA	-	ΛE		.00 / 20	001
\$ 10 D		James	Edward	Goldsmi	th	Ma	mie	WIDDE	!	Hodges	t
Pages 1		NAS DECEASED EVER IN U. YES, NO OR UNKNOWN) I JIFY	S. ARMED FORCES? (ES, GIVE WAR OR DATES)	2 19-58-		James	L.	Nutwell	Jr •	-same a	s #13
signed by the original has please remove cable to buriel, cremaring, or other mounting.	NO	Canditions, if any, white gave rise to immedia cause (a), stating flunderlying cause later PART 2. OTHER SIGNIFICATION CANDIDATES AND CANDIDA	ch (b)	DR AS A CONSEQUE  DR AS A CONSEQUE  ONTRIBUTING TO C	NCE OF	RELATED TO	THE TERMI	INAL DISEASE OR C	ONDITION G	GIVEN IN PART 1	a'
10 h	CERTIFICATION	190. DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATION WA	S PERFORME	D	20a AUTOPSY?	20b. IF Y	YES, WERE FINDING TIFYING CAUSES	NGS USED
1 2310	E	11/29/86		1(100)	6/eary			YES NO	₹ ·	YES	NO []
physical control of the control of t		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE  [IF EITHER, NOTIFY MEDICAL EX-	OF DEATH HOUR A	OF INJURY A.M. MONTH DA P.M.	Y YEAR	HOW INJUR	Y OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM 18	8 PART 1 OR PART 2)	
offendin her this s is the but hand Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	EAT HOME S	OF INJURY IREET, FACTORY, OFFICE, FA		LOCATION STREET		CITY O	RIOWN	COUNTY	STATE
Holl or FOR AF or Use of Placing		220.1 certify that (1) (this saw the deceased ali	ve an	19	, and tha		9 ) apinian d	, ta leath occurred an th	e date and hi		that (I) (we) la
Y the hosp CAL DIREC detached f out Dept a		27h SIGNATURE	did pat) vigw the bod	y after death.	DEGR	ATTE	NDING SICIAN [	MEDICAL S DIRECTOR PHY	TAFF SICIAN [	22c. DATE	SIGNED
outet by outer by outet by outer by outet by outer by outet by out		HOWARD		1.D.	22e	OZO D	12/04	Dr la	Plata	M'	
2 5 7 5 3 3/		BURIAL, CREMATION, REMO			IAME OF CEMET			23d LOCATION	4	COUNTY	STATE
BP		Burial	12/3	/86   St	. Mary	's Ce		Bryanto	οωπ, (	Charles	
HMH - 16 60M 7/84		UNERAL DIRECTOR			Box 15			REC'D. BY REGISTR	AR 25b. REGIS	STRAR'S SIGNAT	URE
(VRA 15, 4)		untt Funer	at Howe	Waldor	f. Md	20601	DEC	2 1086	10:1	Time P	Lass

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FOR

TYPE OR PRINTI

3 SEX

STATE GISTRAR 1 DECEASED NAME

Virginia

LaPlata

Maryland

MEDICAL

14. FATHER'S NAME

(YES, NO OR UNKNOWN)

FEmale TO BIRTHPLACE I STATE OF FOREIGN

I CITY OR TOWN OF DEATH

FIRST

Lucille

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AL 138. STATE 138 COUNTY 131. CITY OR TOWN

MIDDLE

(IF YES, GIVE WAR OR DATES)

Charles

Unknown

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Black

U.S.A.

Luck

76 CITIZEN OF WHAT COUNTRY?

11. NAME OF HOSPITAL NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD

Physicians Memo

Hughesvil

LAST

16b SOCIAL SECUR

DEPARTME

	E OF MARYLAND	8 6	3	2	i		3
	FICATE OF DEATH	REG. NO.					
	LAST	20. DATE OF DEATH MONTH	DAY	YEAR	2b HO	UR	
P	etty	Nov., 8, 1986			3:4	0p	м
DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	_	NDER I YEAR	IF UNDE	R 24 HRS	5
10	A OS	78 YRS.	MON	THS DAYS	HOURS	MIN	j.
	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF	DEATH			
MARRIE		Charles				N	AD.
HOME (	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)		12b. KIND C	F BUSIN	ESS O	R
	Hospital	Housewife		None			
MISSION)	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COL	<u></u>				
le	YES NO	Rt.1 Box 19A		0637			
	15 MOTHER'S MAIDEN NA	ME MIDDLE		LAS	7		
	Mary	Mode			ick		
TY NO.	17 INFORMANT	ADDRESS Rt.	. 1	Box	19A		
20	Edward Amey	Hugher			MD	201	63

224-36-14 No 18 CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Canditions, if any, which gave rise to immediate couse (0), stating the underlying cause fast. THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

20b. IF YES, WERE FINDINGS USED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH?

TIL TIME OF INJURY HOUR A.M. MOI OR CONTRIBUTES CASE OF DEATH P.M 21f. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE ICE FARM ETC ]

80 220.1 certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive an. and that in (my) (our) opinion death occurred an the date and have and from the causes stated DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN " DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

Paul Pritchett, M.D. LaPlata, Md. 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE

23d. LOCATION CITY OR TOWN Petty's Cemetery Java. Pittsvlvania. Virginia buria 24 FUNERAL DIRECTOR

NE 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

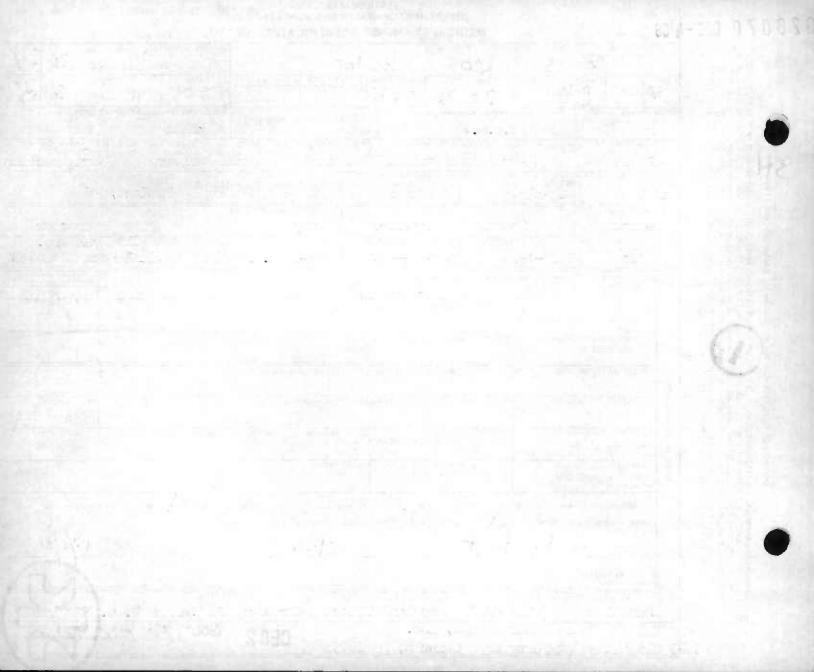
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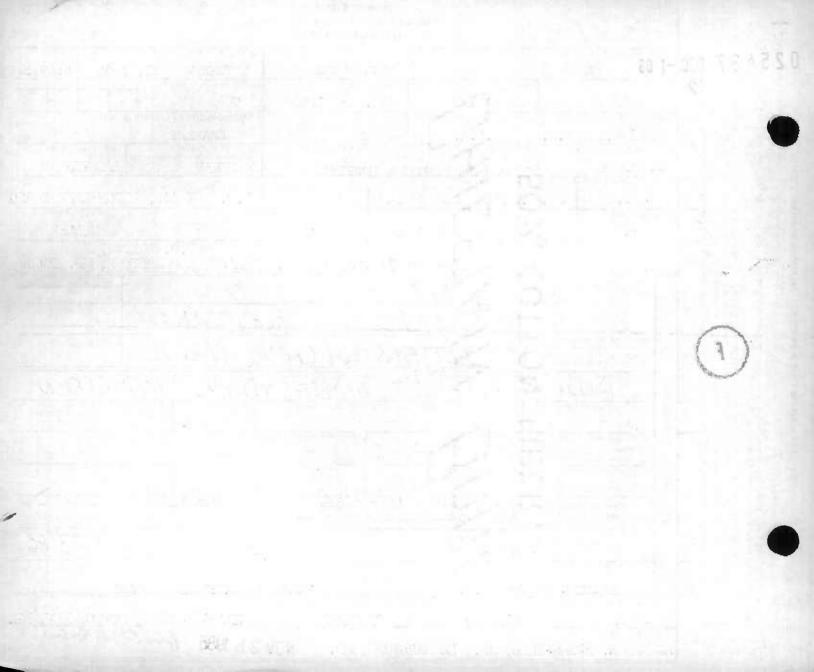
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26070 DEC -	18	FOR STATE REGISTRAR			DEPARTMENT OF				014 020		
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TREE	3. SE	( 4. RA	CE		6. AGE (NY	EARS IF UN	DER 1 YR. IF UNDER		MONI	H DAY YEAR	2d HOUR
S NECESSARY, PLEASE FUNERAL DIRECTOR. FUNERAL DIRECTOR. THE NOT PHOURS PRESION STREET,	1	Ale [	Black	5. DATE OF BIRTH	32 54	RS. MONTH	S DAYS HOURS	MIN PRONOUI DEAL	11	30 1906	20 W
NECESSA FUNERAL FUNERAL FUNERAL FUNERAL		RTHPLACE (STATE OR		76 CITIZEN OF WH	IAT COUNTRY?	MARR	ED NEVER MARR	IED U	ORE CITY OR COL	INTY OF DEATH	
ON DE LA COMPANSION DE		aryland	4.711	U.S.A.		WIDOW				Tion diagnose of	MD
, - u 19 u 2		aPlata	AIH	(IF NOT IN SUCH FACE	PITAL, NURSING HON CHITY, GIVE STREET ADDRESS) INS MEMORIA	1 Hos	nital	for most of wo	PATION (TYPE OF WOR	Constru	(Y
SHAPE -	USU	AL RESIDENCE (IF IN N	URSING HOME OF	R OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISS					2060	CLOII
ZIZO AND AND SETA RETA BUT AND SETA	Mai	yland	Char	les	Pomfret		134. INSIDE CITY LIMITS?	PO Box 7	4 Pomfret	, Md	2
W E S		ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAID	NAME ,	AIDOLE	LAST	
A A A A A A A A A A A A A A A A A A A		eorge:	2 11 11 2 121	Thomas	Procto		Mary  17. INFORMANT		ADDRESS OTO	Procto	
I., BALTIMORE, M URS AFTER DEATH 8. GIVE PAGES 1, WITH FORM PA II. PAGES 1 AND DIVISION OF WELL	100. \	VAS DECEASED EVE ES, NO, OR UNKNOWN) Yes	1950-	var or dates)	578-38-92			Proctor		Kyak Ave Hgts Md 2	
T., B. Cours. 18. G. WIT. P. WIT. P. C. DIV.		18 CAUSE OF DEA	TH (Enter only	y ane cause per line	for (a), (b), and (c).)					APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
PLESTON ST., IN 124 HOUS IN ITEM 18. KSIT PERMIT. AL HYGIENE, REMOVAL.		ARTIDEATIT		E CAUSE (a)	A-SC	VD				mos	Wh-
N 24 F IN 174 F IN 1754 F R ALON SIT PER L HYGIEI REMOVAL		Conditions, if	any, which	DUE TO, OR	AS A CONSEQUENCE	OF					
OR A STATE OF THE		gave rise to couse (o) statin		DUE TO, OR	AS A CONSEQUENCE	OF					
		lying cause lass	<u>.</u>	(c)							
DIVISION OF VITAL RECORDS 701 S CERTIFICATE SHOULD BE E CUTE RITING THE WORD "PENDIL RDED TO THE CHIEF MEDIL E 3 SHOULD BE USED AS A E 10 EPARTMENT, OF HEALTH OI PRIOR TO BURRAL, CREMATION,	-	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO DEATH E	BUT NOT RELATED TO THE TER	MINAL DISEAS	OR CONDITION GIVEN IN PA	RT 1 (a).			
RECOI D BE E PENDIN MEDI AS A CREATH	I OI	19a, DATE OF OPER	ATION	TIEN CONDIT	ION FOR WHICH OPE	PATION W	AS PERFORMED?			20 AUTOPSY?	
MITAL I	CERTIFICATION	TAL BATE OF GIEL		178. CONDI	IOIVI OK WINEIT OF E	KATION W	ASTERIORNED.			YES 🗆	NOAR
OF VITAL  ATE SHOUTH WORD THE CHIE VID BE USINGENIOF	1 1	210 EXTERNAL CAL		216 TIME OF		21c. HC	OW INJURY OCCURRE	D LENTER NATURE OF IN	JURY IN ITEM 18 PART 1 OF		NORD
ON OUT THE STAND		UNDERLYING CONTRIBUTING	OR CAUSE OF D	HOUR A.M.	MONTH DAY YEA	IR					
> MEDES.	MEDICAL	21d INJURY OCCU	RRED	21e PLACE C	OF INJURY (AT HOME,		CATION	CITY OF TO	)WN	COUNTY	STATE
DIN E. WRIT RWARD F. PAGE. STATE O, 21201	1		WHILE WORK								7.5
		220 I certify that	t I took charge	e of the remains desi	cribed above, held an	Autap	sy , Inspectio	na Inquiry	ond in my	opinion	
EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: I, WITH THE S		death resulted fro	m: Nature	ol couse	→ccident 🔲, S	uicide	, Hamicide .	Undetermined m	anner ,		
MARY WAR		ACTUAL	1	Hotel			THE (SPECIFY)		DA	TE 12/18	3
SHC	1	SIGNATURE	0 10	110		M	DOUTE	MEDICAL EXA/	AINER SIG	ENED !	
TO MEDICAL EXAM EXECUTE THE GERTI PAGE 4 SHOULD B TO FUNERAL DIRE BALLTMORE, MARY	1_	(TYPE OR PRINT)					ADDRESS				
524548_	230 B	URIAL, CREMATION,	REMOVAL 2		23c. NAME OF CE			23d LOCATION	c	OUNTY ST	ATE
BP	24 5	Burial	T T	12/04/86		Vete	rans Cemet		D ZELADEC ICTRAD	S CICNIATIADE	nd
DHMH - 17	1	UNERAL DIRECTOR		MOUNEJJ		42 005	11101	2 1960	AR 256 REGISTRAR	ridorn . Randal	A-
(VR A15 ME (566)	13	ord Alexar	ider Fe	erry Road	Clinton, N	10 20	33		0		



+	1.	FOR STATE		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE	6	5 2	! 0
05:0=	1. DE	REGISTRAR CEASED NAME FIRST	MI	IDDLE		AST	2a. DATE OF DE	ATH MONTH	DAY YEAR	T2h HOUR
2 5 4 3 7 DEC		86 PAUL			RET	THMEYER	NOVEME		1986	8:49 am
may bags	3. SE		4. RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS		IF UNDER 1 YEAR	IF UNDER 24 HRS
ge 4	12	MALE	CAUCAS	IAN	JAN.	. 23, 1905 AR	81	YRS.	MONTHS. DAYS	HOURS MIN.
h. Po		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W		8 MARRIET	NEVER MARRIED	9. BALTIMORE	CITY OR COUNT	Y OF DEATH	
dept dept		ASHINGTON, D.C.	U.S		WIDOWE	DIVORCED [		RLES		MD.
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PHYSICIAN: T ending physici this certificate te burial-transi ad Mental Hygi d ar Item 18 st		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M	MONTH D	AY YEAR	21¢ HOW INJURY OCCURI	RED (ENTER NATURE	OF INJURY IN ITEM IB	PART I OR PART 2)	
G PHYS attendin rer this c s the bur and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	C	TY OR TOWN	COUNTY	STATE
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Waldorf. Md. 20601

(VRA 15, 4)

Funeral

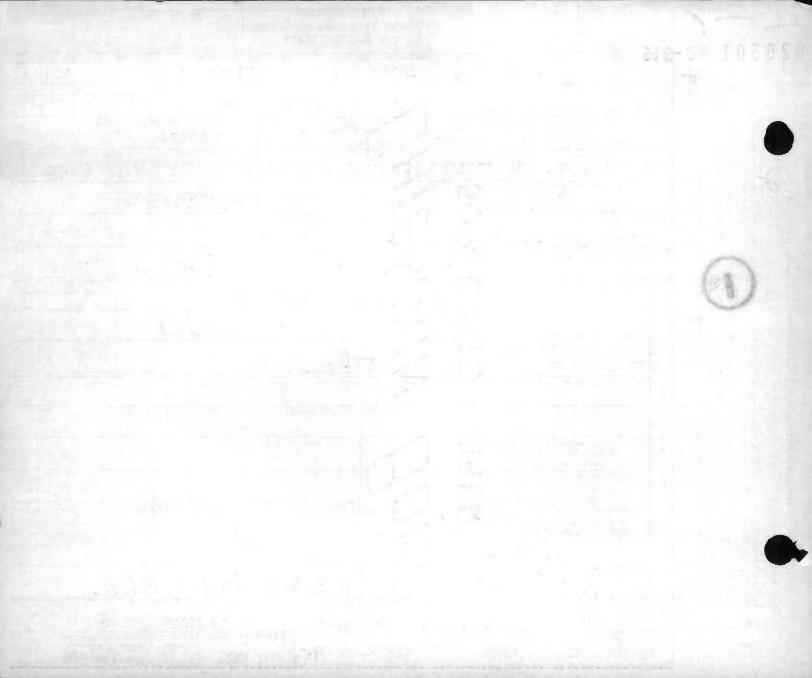
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C PHYSION otherding or the bus or the doctor	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJU		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
Difference of the control of the con		22a. I certify that (I) (this sow the deceased alr	hospital) ottended the deceg		d that in (my) (our) opinion	deoth accurred on the date and ho		that () (ve) last couses stated
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(VRA 15, 4)

STATE OF MARYLAND